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ADDRESSES.

ANNUAL ADDRESS.*

BY SCOTT PARSONS, M. D., ST. LOUIS, MO.,
PRESIDENT.

IN presenting the following address, which touches upon two or three important points concerning the interest, welfare, progress and defense of the Missouri Institute, your president wishes it understood that he has deliberated long and carefully before presenting them, and was prompted by the highest motives in so doing.

Neither prejudice nor jealousy underlies his utterances, nor is it intended to harm any individual person, and what is given herewith is based on fact and are not the wanderings of a feverish brain.

He is for and with the Institute and would be derelict in duty did he not at this time bring to your attention possible opportunities for the improvement of the organization.

THE MISSOURI INSTITUTE BULLETIN.

Our monthly *Bulletin,* inaugurated two years ago, is an unqualified success, and has been the means of putting the Missouri Institute on the medical map. It has advertised our Institute from coast to coast, and has caused no little comment as to the activities of the "you'll have to show me" contingent. It has done more to promulgate the "what's what in Missouri Homœopathy" than any single undertaking of this society, and I enter a plea for its continuance, improvement and enlargement to the limit of the Institute's finances.

LOYALTY.

Time is ripe for the muster of our forces upon the eve of a decisive battle. We owe to ourselves, to our individuals, to our societies and to our institutions, the support and protection which is due them. If you need aid or support, be it professional, financial or legal, where would you go but to those who are your friends and adherents? Should you need advice or counsel, would you not be just in calling those who would stand by you in your time of trouble? You cannot expect to receive more than you give. Show your loyalty to the cause which supports and protects you by employing those who are in sympathy with you, and do not appeal to those of the other side who cannot in any way reciprocate. I realize there are times when the choice of a consultant is not within your power, but when it is apply the Golden Rule, and "Do unto others as you would have others do unto you."

THE SAME APPLIES TO OUR INSTITUTIONS.

We have in our midst a homœopathic college. The Kansas City Hahnemann Medical College of the Kansas City University, which has the nucleus of a great and growing institution. The only homœopathic college left in this State. We had at one time in our great city of St. Louis eleven colleges, ten allopathic and one homœopathic. To-day that has simmered down to three, and it seems but a matter of time before the two largest schools will push the third to the wall, and possibly in time to come but one great university will survive. True, the Homœopaths have lost colleges, but in proportion no more than the old school, if as many, and the trend is toward the concentration of medical teaching, with a few large, strong institutions well distributed over the United States.

The Kansas City College is destined to cover the central field between Chicago on the east and the Rocky Mountains on the west, and with this in view, by mutual movement, the Council of Medical Education of the American Institute have seen fit to send a representative from the east, Mr. Arthur Warren Smith, to investigate the possibilities of rehabilitating the work and reorganizing the forces of the Kansas City College. He has studied carefully into the situation as touching every phase of this delicate homœopathic problem. And after mature deliberation of all the facts, he has been led to recommend a policy of reorganization as a basis for producing a worthy, reputable, medical institution. He is convinced that the interest of aggressive Homœopathy requires a strong, well equipped, standard college and hospital to serve all the States of the western region around Kansas City as a strategic center, and plans are formulated to take the first practical step in this policy.

We all recognize the necessity of preserving our teaching institutions, knowing full well they

*Read before the Missouri Institute of Homœopathy.

are needed for the development of homœopathic physicians and the promulgation of Homœopathy. What will help Homœopathy will help its disciples, and by the continuance, support and protection of this college we, of this State, have much to gain.

Let us show our sagacity, good judgment and last, but not least, our loyalty by lending our support, collectively and individually, to this institution, which is destined to make name, fame and fortune for Homœopathy.

Appointment of Delegates to American Institute.

Inasmuch as the delegates from state societies automatically become members of the Interstate Committee of the American Institute, and the By-Laws of the American Institute calls for their appointment for four years, it would be well for this institute to observe and comply with these rulings, and appoint two such members with alternates as are known to attend the American Institute with regularity, that the Missouri Institute may have representatives on the ground who are familiar with the work taken up by said Interstate Committee.

Medical House Cleaning.

Medicine like any other branch of the arts or sciences has had its offsets, and since the time of Paracelsus has fought desperately to shake off its parasites which have, to some extent, been a menace to its underlying scientific endeavors.

These parasites have appeared in the form of priests, ascetics, healers, quacks and fakirs.

These vultures have prostituted a high and noble profession for pecuniary gain, swooping down with their greedy talons upon the poor, the lowly and the ignorant in distress.

Once again the crusade is on for a medical house cleaning, and one by one the large cities, the rendevous for these unprincipled characters, are "cleaning up."

The work in St. Louis was promoted by an evening newspaper, receiving the support of the board of health and Uncle Sam. They not only put the scamps to flight, but made "examples" of some of the greatest offenders, upon whom large fines and penitentiary sentences were imposed.

The general press put a quietus upon the advertising doctors by refusing to accept their ads. This drove the last nail in their coffins, for they have no other means of luring the victims to their dens.

To-day there is not an advertising fakir or quack doctor's office open in St. Louis. They have departed to other cities where they may ply their trade unmolested, but not for long, as this wave of prosecution will sooner or later extend throughout the land, and the State boards and Federal Government will legislate the medical prostitute off the map.

A Change of Environment.

The Institute has reached a point in its history where a change of environment seems imminent. Its annual routine has become monotonous, and a change of climate would no doubt produce a beneficial result.

For twenty years the faithful have journeyed first to St. Louis then to Kansas City on alternate years until the mile posts have become as familiar as the stops to a milkman's horse. The sights have been seen, and the things have been done over and over again. The novelty has worn and the newness tarnished. True, these are famous convention cities, but there are other cities and towns in this great State fully capable of entertaining conventions, with many features of interest not to be found in either St. Louis or Kansas City.

We have on the west Excelsior Springs, Missouri's famous health resort with every comfort and convenience; also St. Joseph, a thrifty city on the western border. On the southern end Carthage and Joplin, noted for their lead and zinc industries. On the north Hannibal and Louisiana of historic interest on the banks of the famous Mississippi river, while in the central portion of the State are the cities of Sedalia, Moberly, Springfield, Columbia, Jefferson City, Fulton and many others. Each and every one of these places contain homœopathic physicians, with many others scattered around the contiguous territory.

Not for one minute overlooking or forgetting the loyal, interested, sacrificing attention of our members from these two cities, who year after year have pledged their support, both physically and financially, in the interests of Homœopathy and the Institute; have surrounded our meetings with scientific, interesting and pleasurable entertainment, and have exhausted every means to encourage the members to attend, and I will state, without fear of contradiction, that they are willing to continue, for all of which the Institute is duly grateful and appreciative. Yet it is but right and just, on the one hand, to shift the honor from the shoulders of the Kansas City and St. Louis brethren, and, on the other hand, would be reasonable, judicious and considerate in selecting other sections of the State for its meetings.

Would it not be of material benefit to the local men and to Homœopathy to meet at different parts of the State?

St. Louis and Kansas City have monopolized the benefits, the advertising and publicity of the Missouri Institute for over twenty years, why not now spread its patronage throughout the State? Let us lend our support and our enthusiasm to those of our school in other localities. It would mean much to them individually and more to Homœopathy, and would be an incentive to membership to many who have never been with us.

The St. Louis-Kansas City switchback has worn its roadbed; let us change our system and develop branch lines into new territory while the main line is undergoing repair.

It is not to be expected nor is it necessary for the local men in sections where but few exist to stand the expense of entertainment. Let this be carried by the Institute. The entertainment can be simplified and reduced to a banquet only, each member paying for his own plate. Any hotel selected as headquarters will gladly furnish a meeting room free of charge, their revenue coming from members registering, the banquet and incidental expenses. The program and all other expenses are cared for by the Institute. In this way the Institute would not be a financial burden to anyone, even though we met in a locality with but one single representative.

I am confident that the Institute would gain popularity, members, receive more publicity, encourage, interest and benefit more members and strengthen more homœopathic footholds by this variation of custom.

The American people are peculiarly fickle in habits, changeable in customs and erratic in taste. What will interest and enthuse to-day will produce somnolence to-morrow. The harlequin American must have variation and activity for his kaleidoscopic temperament. The faithful from up State and down State have come to us, now let us go to them.

Federation of Our City, State and National Societies.

A thought which has been in the mind of your president for some time and which seems to him would be the means of increasing interest, fortifying our forces and adding numerical strength to our organizations, is the possibility of fusing our city, or county, State and national societies. We have in these United States homœopathic societies in every large city and also in many small ones. We have in nearly every State a State homœopathic society. In many of the thickly populated States there are numerous county societies. Each and every one of these societies working in the interest of Homœopathy. Working along independent lines accomplishing much in their respective localities, but I question if the mother body of all these infant societies is given the recognition, consideration, publicity and support which is due.

There are approximately twelve thousand homœopathic physicians in the United States; three thousand and over (25 per cent.) are members of the American Institute. The other nine thousand (75 per cent.), with few exceptions, are members of some city, county or State society. Why could we not federate our societies, would not the advantages be mutual? Suppose on joining your city or county society, as the case may be, you also become a member of the State and national societies; and supposing your membership in these three societies were to cost you less than the present cost, do you not think this would be an inducement? Could the State or national societies lose by such an agreement? I think not. On the other hand, it would materially increase their membership.

Take the local societies of St. Louis and Kansas City. Of the more than one hundred homœopathic physicians in St. Louis but 48 are members of their State society (The Missouri Institute). Of the 75 homœopathic physicians of Kansas City but 37 are members of this institute. The Missouri Institute with its 165 members only 65 are members of the American Institute. In percentages it reads as follows:

Forty-eight per cent. of the members of the St. Louis Medical Society belong to the Missouri Institute.

Forty-nine per cent. of the members of the Kansas City Medical Society belong to the Missouri Institute.

Thirty-nine per cent. of the members of the Missouri Institute belong to the American Institute.

In other words, there are 48 per cent. of the members in the St. Louis and Kansas City Societies which might be induced to join the Missouri Institute, and 61 per cent. of the members of the Missouri Institute which could be approached for membership in the American Institute.

There are no doubt many obstacles which would be encountered in an attempt of direct affiliation, but I fail to see why this scheme could not be worked out. It has been done by other societies and organizations, and could be done by us. It was by this method that our friends on the other side developed a powerful working unit of over thirty thousand.

As an example of the benefits of federation take the General Federation of Women's Clubs. Up to a few years ago this country had innumerable clubs in cities, towns and villages of every State. There was a national organization little known by many. A general federation took place, coalescing the many independent clubs with the State Federation, and the State Federations with the national, or, as it is called, the General Federation. As a result instead of hundreds of clubs and thousands of women, all working independently, they now have a State Federation, for instance, in Missouri, composed of 179 clubs with a total of 6,000 members, all of which are members of the General Federation which organization is made up of several thousand smaller clubs with a total membership of 1,000,000. Think of it! What a powerful organization was developed by the banding together of all these smaller clubs. When the voice of this federation speaks it carries weight, power and influence, and the women have accomplished much for the benefit of mankind as well as womankind. And yet some tell us women have no brains.

If an amicable agreement could be arranged between these societies whereby they could be operated independently, yet co-operate, with the membership fee at minimum, don't you think this would appeal to many? Think what it would mean to have these societies and the whole affiliated homœopathic bodies back of you, and likewise what it would mean to the State and national bodies to have all these smaller organizations throughout the country working in unison and harmony, the whole machine, a wheel within a wheel, as one big unit.

I have no authority to speak for the American Institute or any other city or State society, and do not know whether this scheme of co-operation and affiliation has ever been broached or considered, nor am I prepared to present ways and means for the carrying out of the plan. I merely present the idea feeling that it is but a step in the evolution of our societies.

The fusion of our city and State societies, so closely allied, could be accomplished with little difficulty. As to a general federating of all the city, county and State societies with the American Institute, that is a question which would have to be presented before that body. Should this idea meet with your approval, I recommend that a committee of this Institute present the plan before the American Institute at Atlantic City next June, and if perchance, that body looks upon it with favor and perfects ways and means for its adoption let it go on record that the Missouri Institute will be the first society to apply for federation.

Traffic in Medical Souls.

A question of vital importance which is affecting the life and welfare of our homœopathic societies is the traffic in medical souls, which is being conducted insidiously throughout the country. This has been going on for some time with our knowledge, and unfortunately, with the consent of many who have wittingly forfeited their birthrights for the privilege of tolerance. I refer now directly to those who have allied themselves with the societies of the old school, agreeing to the rules, regulations and code of ethics, which prohibits the practice of what is wrongly termed sectarian medicine; denies the right to affiliate, hold office, participate in the proceedings, appear on the program or show in any way an interest in any society not under the control of the American eMdical Association. This is forswearing their allegiance and is an act of treason. They do not renounce Homœopathy, nor do they resign from their homœopathic societies, for they do not want it known that they have withdrawn their support for fear of losing the patronage which has been their maintenance since their medical birth. Yet they will submit to being bound and gagged, and rendered inactive toward the cause which has nurtured and sustained them.

There are perhaps those who are members of certain old school societies, for instance, a county society, whose affiliation, interest and activity in homœopathic societies remain unmolested; some of these are prominent and active in homœopathic work, and are to be seen yearly at the annual meetings. Against these we can utter no protest, nor are they guilty of any misdemeanor toward their homœopathic societies, as their act does not imply unfriendliness or disbelief and their continued activity in homœopathic circles proves it. Their affiliation with the old school societies, if without exactions or restrictions to their medical liberty, leaving them free to meet with us and participate, hold office or take an active part, enjoins us from criticism or interference. Nor can we do more than respect those who resign from their homœopathic societies, or openly renounce the principles of Homœopathy and cast their lot with the other side. That is their privilege, and their acts are free and above board. But to those who are educated as Homœopaths; have practiced Homœopathy, perhaps have taught it; have gained their livelihood and owe to Homœopathy and the homœopathic profession what they now possess, and continue to reap the benefits through their practice and perhaps rely upon homœopathic consultants for part of their business, and who with all this are guilty of submissive alienation and fear to attempt a medical flip-flop, they seem to play the dual role of traitor on the one side and false friend on the other. They are not and never will be supported by the other side. The universities, colleges and hospitals are closed to them, and for this non-recognition they smother their filial love and turn their back, because they have sold their medical souls, and with it forfeited their birthrights. They are of no service within and are a menace without, but are willing to pick up the plums if we will climb the tree and shake them down.

If the homœopathic patronage and support was withdrawn from those who are ashamed to associate with us, or have sold their medical freedom, see how quick they would return to the fold, and those susceptible to intrigue would give the matter a second thought, for this would touch a vulnerable doint, the pocket-book.

All societies carry a large inactive membership, who show their allegiance but seldom participate; this is expected and understood, but no society can afford to tolerate traitors who have forsworn their allegiance, but are glad to share the spoils.

I do not favor the Stout Resolution which was presented at the Denver meeting of the American Institute, which aimed to force every member out of the Institute who was a member of an old school society, for I think that would be unjust and narrow. And yet that is the policy of the American Medical Association toward us.

It should be the privilege of any member to join as many societies as he sees fit, and has the

right to believe as he pleases. This does not mean renunciation, and there is nothing in our Constitution and By-Laws prohibitive. In this we are broader than the American Medical Association or any of its offspring but when upon entering the American Medical Association, its constituent societies or any other organization whose obligations deny you the freedom of speech, controls your trend of thought, and dictates your acts, for the purpose of crushing and annihilating those of a different belief, then I say he who will submit to such subjection is guilty of lese majeste.

Should we keep silent against an act which aims to destroy us and at the same time continue to tolerate and even support those who have deserted us and cannot or will not help us? They are blind to a sense of justice but can smell a dollar a long way off. They will raise a hand not in support but for support. Can we afford to trifle with damaged goods?

Would it not be advisable to take some action to bring the recalcitrant members to recognize the injustice and deceit perpetuated by such acts of treason.

No ecclesiastical body, fraternity or political party would tolerate such action, and we know full well that the American Medical Association does not overlook nor delay action upon its truant members, then why should we? Is it because we are afraid of hurting somebody's feelings? If so, we are certainly weak, and deserve just what we are getting. Let us defend our rights and principles or else quit. We must demand fair play from our members, and if we don't get it, the only alternative is to rid our camp of secret enemies.

The fault lies not with the other fellow but with our own individuals.. If action be taken let it not be hasty; justice should be shown and the offender given the opportunity to be heard in his own defense.

The Institute flag has been trampled and spat upon; are we not justified in demanding a salute?

"It is the just decree of heaven that a traitor never sees his danger till his ruin is at hand."

Menthol.

Dr. F. H. Read reports (*Med. Record*) the relief of persistent hiccough by the use of ten drops of a saturated solution of menthol in rectified spirits of wine, in a little hot water, to be repeated every hour, if necessary.—*Critic and Guide.*

Sodium bicarbonate.

B. Brand employs sodium bicarbonate externally in gout. He applies to the inflamed joints dressings thickly covered with a paste of sodium bicarbonate and water and kept continuously moist. The results are said to be surprisingly good.—*Critic and Guide.*

ORIGINAL ARTICLES.

SUPPLEMENT TO THE DICTIONARY OF MATERIA MEDICA.

BY JOHN H. CLARKE, M. D., LONDON, ENGLAND.

INTRODUCTORY CHAPTER.

AT one of the meetings of the International Congress held at Atlantic City in 1906, I was asked if it was not my intention to bring out an abridgement of the *Dictionary of Materia Medica.* My reply was that there was nothing that I could do to the work that would not increase its size, that those who wished for an abridgement would have to seek it in the original. This is now being verified. The habit of collecting material for the purposes of the work, acquired during many years prior to its publication, did not cease with that event. I have, therefore, on hand much new material ready for incorporation. The question has, therefore, arisen: What is to be done with it?

After much consideration I have decided to compile a supplementary volume, the material being presented in identically the same form as that in the *Dictionary.* It will thus be possible for the new matter to be immediately correlated with the corresponding article in the latter. At the same time I am taking the opportunity offered to thoroughly revise the symptom list of each remedy—the *schema,* as it is technically called. In compiling the *Dictionary* consideration of time and space weighed very heavily upon me, and I was glad to utilize the work of Jahr, Lippe, Nash, Guernsey, H. C. Allen and others. But now that I have more time at my disposal I am passing each symptom list through careful revision, comparing each schema with that of the *Materia Medica Pura,* Allen's *Encyclopædia* and the *Guiding Symptoms* of Hering, compiling a supplementary schema of the symptoms written from or improperly given in the *Dictionary.* The late Dr. H. C. Allen once said to me that he wished I had emphasized the red string symptoms in my schemata by distinguishing types. In the preface of the Dictionary I have given reasons for not having done this; but though these reasons were valid under the conditions which then obtained, I fully admit the cogency of Dr. Allen's criticism as far as the fuller schemata I am now compiling are concerned. I shall in these distinguish by italics and capitals or heavy type the more characteristic symptoms. The symptoms given in the *Dictionary* may be regarded as of italic value, and those of them which I have specially recorded under the heading of "characteristics" may be considered as worthy of capitals.

The revision of the schemata I consider the most important part of my new work, as this is the foundation of homœopathic practice. All who have objected to the schema form have done so on sentimental grounds, the day books of the

provers being in their estimation sound, more "scientific," meaning thereby more attractive to allopaths. This is, of course, nonsense. The schema form, though artificial, is essential to enable the prescriber to find what he wants, just as the Repertory is also artificial. But though the schema is necessary, it is not everything. There are, as Dr. Kent has recently pointed out, many things in materia medica portraiture which the repertory cannot take note of. Every remedy has a "soul" or a "flavour" of its own which the prescriber should be able instantly to detect when he meets its correspondence in his patients. In the introductory part of each of my articles I have sought to give my readers just this portion in such clear lines that it can easily be carried in the memory. In this part the schema form would be no help but only a hindrance, as it would tire the reader's attention instead of arresting it. I have collected much new material to strengthen and clarify the pictures of the remedies I have already given.

As each article is a complete monograph in itself, and as it will take some years for me to complete the volume, it has seemed to me worth while to let the homœopathic public have the use of some of the articles already finished. Dr. Dewey has kindly opened to me the pages of the MEDICAL CENTURY, and I hope its readers may find in the articles I send something to repay their perusal.

I have made use of the same abbreviations as in the *Dictionary*. ℞., "<" and ">" for aggravation and amelioration, "=" for causatives, "esp." for "especially," d. for day, h. for hour, m. for minute. Clinical symptoms included in the schemata are enclosed between square brackets "[ ]."

ACETICUM ACIDUM. (Ac. ac.)

CLINCIAL.—Ascites, cancer, chancre, diphtheria, epithelioma (of lip), pylorus, cancer of; stomach, induration of; vomiting of prenancy.

CHARACTERISTICS.—Ac. ac was introduced by Hering in 1838. The symptoms are mostly toxæmic, except for a proving by Berridge. Some valuable observations on *Ac ac.* on tumors were communicated by Dr. W. Owens to *Amer. Hom.*, April, 1892, and *N. A. J. H.*, August, 1872, and by Dr. F. B. Percy to *New Eng. Med. Gaz.*, November, 1896. Owens has had good results in epithelial cancer, using the 1x internally and the 2x locally, also locally in primary syphilis. The 1x solution will soften the hard chancre and cause the formation of pus; the 2x is then applied till the ulcer heals. He has used Acetic acid as a disinfectant. If common vinegar is boiled in the sickroom fifteen minutes at a time two or three times a day, it will keep the atmosphere "just sweet and fine." As a gargle in putrid sore throat of scarlatina and diphtheria he uses a solution of one pint of vinegar to three of water. (The domestic use of yeast as a remedy for diphtheria may be named in this connection. As a spray is often more convenient to use than a gargle in these cases. J. H. C.) The grand keynote of *Ac. ac.* in relation to tumors is its power of *liquifying albuminous and fibrinous deposits.* In external cancer Owens keeps the part constantly moist with the 2x dilution and gives the 1x internally. Owens cites these cases: Mrs. M., 63, cancer of pyloric region, vomits partly digested food every day or two, sometimes mixed with blood. Has been constipated two months, and has had no stool for twenty-one days. Nodules felt in pyloric region. When Owens was called in patient was vomiting a peculiar glairy green-like substance mixed with partly digested food and slime. *Ac. ac.* 1x every hour at first, at longer intervals later. In four months was well. Mr. S. T., 53, ill two years. Vomiting partly digested food with slime. Getting worse and worse. *Ac. ac.* 1x cured in four months. J. J. P., 36, had been under treatment two years for epithelioma of lip. The ulcer had destroyed the center of the lip from its upper margin to the gum leaving a fissure outside of which was studded with tubercles. The ulcer extended along inner surface of lip to middle of r. cheek, which it had perforated. The odor was extremely offensive. *Ac. ac* 2x locally and 1x internally effected permanent cure in eighteen months. Mrs. C. H., now 46, when 18 observed a small nodule on l. nipple. Suddenly felt a sharp, burning, stinging pain in nipple followed soon with pain along outer margin of breast into l. axilla. Several small glands were found at margin of breast and in axilla, painful on touch and motion, and increasing in size from month to month. The nipple had become retracted. *Ac. ac.* 1x internally and 2x locally. Cured in a year. Later she became the mother of several children, but was not allowed to use the breast in nursing. Lady, 32, was cured in same way of epithelioma of l. eyelid and cheek. Dr. Fred. B. Percy (*N. E. M. G.*, November, 1876) used *Ac. ac.* on Owens' indications in the following case: Mr S., 65, farmer, had had growth on upper lip which had been pronounced cancer and removed. Growth reappeared some months when Percy saw him, on right upper lip and was rapidly breaking down. When first seen this was the condition: Lip partially gone, raw, unhealthy surface with no attempt at granulation, discharge offensive, pain at times excessive, but always present. General health much impaired. *Ac. ac.* 1x internally and 2 per cent. solution locally. In six weeks a change was most apparent. At this time spraying the lip with the solution was advised with much more satisfactory results. Cure in one year, remains well to time of reporting (four years). (2) Mr. G., 23, missionary. Three years before this had gastric fever. Present state had lasted from January to October, began with nausea and vom-

iting, they had continued ever since. Rectal feeding had to be resorted to during the last week. *Vomiting incessant.* Epigastrium extremely sensitive. *Arsenicum* 3x every hour and ether spray to epigastrium failed to relieve. Complains and moans with pain in region of liver and under scapula. Cramp in stomach. ℞. *Ac. ac.* ix; koumiss instead of milk, panopeptone. Relief was immediate and in a week patient was able to sit up. (3) Mrs. X., 60, father died from injury, mother from diabetes. Previous health good except for profuse hæmorrhage at climaxis, which ceased after removal of uterine polypi. In the summer of 1872 first noticed difficulty in swallowing with transient hoarseness. Later extensive cancer of epiglottis was diagnosed. Section of the growth having been examined microscopically. At this time swallowing solids was impossible; intense pain extending to ears. *Ac. ac.* was given internally and applied locally. In six weeks the growth had materially lessened and assumed a healthy appearance, and eating was a pleasure. For a year the patient was well and vigorous and had no trouble. Then the growth began anew and the *Ac. ac.* treatment was now of like avail. F. F. Laird (*Clinique*, November 15, 1902) relates this case: In 1872 a young lady with chronic gastric ulcer had defied his efforts to cure when she remarked one day: "My stomach feels just as if I had eaten a lot of vinegar." This drew his attention to *Ac. ac.*, and as the patient had "yeasty" vomiting alternating with hæmorrhage, the indication was clear. *Ac. ac.* 3x promptly cured; as it also did two similar cases. All three patients had pale face, intense thirst, debility and night sweats. The symptoms are: > lying on abdomen (pain in back; feeling in abdomen as if sunken in when lying on back). > cold drinks; which lie heavy. < vegetables (except potatoes).

A peculiar sensation is: "Stomach feels as if he had eaten a lot of vinegar."

Relation.—*Compare.*—Vomiting of pregnancy with salivation. (*Lachesis* has mouth fills with saliva with every attack of nausea). < cold drinks, Ars.

SYMPTOMS.*

6. Face.—[Epithelioma of lip].—Bright red flush on both cheeks (esp. l.)—Aching in l. jaw-joint, < pressure and motion.

8. Mouth. — Foul breath. — *Salivation.* — [Vomiting of pregnancy with salivation].

9. Throat.—[Putrid sore throat of scarlatina or diphtheria (gargle or spray)].

10. Appetite.—Intense thirst in non-febrile condition; absence of thirst in fever.

11. Stomach.—Vomiting of yeast-like substances.—*Sensation as if had taken a lot of vinegar.—Sensation of fermentation in stomach.*—Ulceration, gnawing pain at a spot in the stomach.

15. Male Sexual Organs.—[Hard chancre (locally)].

17. Respiratory Organs.—Profuse bronchorrhœa, purulent, with persistent violent cough and occasional efforts to vomit.

24. Generalities. — Hæmorrhages from every mucous outlet, nose, mouth, lungs, stomach, bowels, uterus.

27. Fever.—Absence of thirst with fevers.

Aconitum Napellus (Aco.).

Clinical.—Angina pectoris, exophthalmia, intermittent fever, uvula elongated, writer's cramp, sclerotitis, sunstroke.

Characteristics.—*Aco.* was proved by Hahnemann himself, assisted by Ahner, Gross, Fr. Hahnemann, Homburg, Rückert, Stapf and Wahle. The discovery of its homœopathic uses is one of the past glories of Hahnemann and his therapeutic revolution. In his preface to the symptoms in M. M. P. he says: "In order to remove from our conscientious treatment all that routine practice which is only too apt to regulate its treatment in accordance with delusive names of diseases, it is indispensable that in all morbid conditions in which *Aco.* is given the chief symptom of the malady, therefore also of the acute disease, should be found accurately reproduced among the symptoms of *Aco.* The effect is then astonishing. It is perceived in the great inflammatory fevers. . . . that the infinite superiority of Homœopathy is manifest. . . . Although *Aco.*, on account of the short duration of its action (which does not exceed 48 h.), might seem to be useful only in acute diseases, yet it is an indispensable accessory remedy in even the most obstinate affections when the system requires a dissimilar, it heals *tension of the blood vessels* (the *strictum* of the ancients). . . . *Aco.* is the first and main remedy in inflammation of the windpipe (compare membranous laryngitis), or various kinds of inflammation of the throat and fauces, as also in the local acute inflammations of all other parts, particularly when in addition to thirst and quick pulse there are present anxious impatience, an unappeasable mental agitation and, of course, tossing about. It produces all the morbid states similar to those seen in persons who have had a fright combined with vexation, and is also the surest and quickest remedy for them. In the selection of *Aco.* particular attention should be paid to the symptoms of the disposition, so that they should be very similar, since it is indispensable after fright or vexation in women during the catamenia which, without this excellent soothing remedy, are only too easily, often intentionally, suppressed by such emotional disturbances. The relation of *Aco.* to blood letting is strikingly illustrated by an observation in a case of poisoning by *Aco.* in

*I wish it to be clearly understood that the symptoms in the new schemata are to be added to the symptoms given in the *Dictionary*. The new lists are not to be considered as *replacing* the old ones.

which blood letting relieved the symptoms. "The brain seemed congested and the jugular vein was opened with great relief. She felt as if whisked suddenly from a close, hot, dark room into a spacious, light one." (S. 173, in *Allen*). Here blood letting gave immediate relief to the symptoms of *Aco.* poisoning. Conversely Hahnemann gave us *Aco.* in the patients, the most powerful remedy for most of the conditions for which blood letting was considered the imperative remedy. Much attention has recently been bestowed on vascular "high tension," though the clinical significance of it is by no means fully understood. Where the mental and general symptoms correspond *Aco.* should be a leading remedy.

CLINICAL.—The combination of symptoms which indicate *Aco.* in almost any febrile state is the following: Fear, anxiety, restlessness, chilliness, rigor, heat and sweat. These symptoms correspond roughly to the effects of chill, fright, shock, mental or physical, of injury or surgical operation. In the last connection there is a prophylactic use of *Aco.* which I may mention.

In a case of stricture of long standing the patient was able to pass his catheter with much more ease and comfort after he took my advice, a dose of *Aco.* 30, ten minutes beforehand. This experience offers a hint which may be utilized in analogous conditions. *Staph.* is another member of the Ranunculaceæ family which has notable vulnerary uses. Intolerance of pain, esp. during the night, is a characteristic of *Aco.* Patients who bear their ailments with patience and calmness are not likely to need it. In this connection I may mention a case of sea fright. The patient, a big, burly man, consulted me just prior to crossing the English Channel. He complained, incidentally, that he was a very bad sailor. On questioning him I found that he was not atctually sea-*sick*, but it was sheer *fright* he suffered from. I gave him *Aco.* 30, and he made the crossing with perfect equanimity. The pains of *Aco.* are tearing, stitching, lancinating, burning, stinging, tingling. "Tingling in the chest after cough" is characteristic. Noise or music <. A notable mental symptom is "anthropophobia; no affection for anyone." Shuns people and wants to be alone. This is the opposite of *Ars.*, which cannot endure to be alone, though resents being approached or spoken to. The *Aco.* state approaches the "indifference to relations" of *Sep.*

Dr. Spencer Carleton (*N. A. J. H.*, January, 1906) cured with *Aco.* (1) a case of intermittent fever of 57 years' duration in a lady aged 70, who had all kinds of treatment—allopathic, homœopathic, Christian Science, osteopathy. There were two sets of paroxysms, rigor chills every seventh day. Plasmodia plentiful. Chills 4 p. m., incarcerated flatus, blue lips and nails, jaundice, etc., led Carleton to prescribe *Lyc.* before he saw the patient. No result. When he saw her he found these symptoms: Tossing about the bed in much anxiety, one cheek red the other pale. She *had* to move, but every time she moved a rigor would pass up the spine, and the face would become pale. She had a *loose* cough, and not a high fever, but a long-lasting subnormal temperature (also profuse sweat, bitter vomiting); the chill began in the feet. *Bright red hypothenar eminences on both hands. Aco.* 20, one dose daily after the paroxysm, cured in a week. Carleton says: "Bright red, dry, hypothenar eminences" is a keynote of *Aco.* with him. "One cheek red the other pale" is *Aco., Cham., Ipec.* Red face turning pale when rising is characteristic and often distinguishes *Aco.* from *Bell.*, which has face getting redder on rising. (2) A case of religious mania, alternating with melancholia in a hypersensitive young woman of 22. There was fear of some one discussing religious topics. Fear of losing reason and memory; fearful hallucinations at night; fearful dreams; intolerance of noise; fear of crossing a street; fear the building will fall on her. *Aco.* 1m, a single dose, cured. The ungovernable fear was the keynote, though ordinary *Aco.* symptoms were absent. (3) Injuries to the eye, especially when sharp bodies have entered the cornea. *Aco.* is indicated whether the body has been removed or not. A splinter of dirty wood half an inch long entered the cornea of a man. *Aco.* given every three minutes at first. Impossible to examine the eye sufficiently to remove the splinter at the time. Lotion of *Aco.* 30 used to permit the removal of the splinter. *Aco.* 30 given every two hours, intermitting. Although the aqueous humor escaped, the eye recovered perfectly. A boy of 5 fell from a ladder and struck the round projection of a thorn bush, which filled the orbit exactly. In an hour the whole side of the face was a livid hæmaturia. Impossible to open the eyelid. *Arn., Ham.*, hot water, and later ice pads had been used. An oculist that was called in first tried leeches then incision to relieve the immense swelling spot in the eye and removal of the eye was even suggested. When Carleton saw the case the face was pale, skin clammy, pulse slow and thready, the former *Aco.* symptoms having disappeared. *Aco.* 200, every half hour, quickly relieved. Next day the lid could be parted sufficiently to see the eye, which was almost unrecognizable. A perfect recovery was made. (4) Case of true erysipelas with *Aco.* symptoms. A discussion in Carleton's paper ("Aconite in Its Less Common Aspects) brought out a number of analogous cases. A gentleman' jammed in a crowd twenty years previously, was nearly upset and from that time was always afraid of a crowd. Seven years later, after a hard nervous strain, had violent attack of indigestion characterized by great abdominal distention, pain in the stomach and about the heart. Any news upset or annoyance would cause a recurrence of his symptoms. For four years these was much distress after each meal from gas, and constant eructations. *Kali c., Puls., Ign.* at vari-

ous times relieved the attacks and modified the constant symptoms, but did not cure. On the old history of fright *Aco.* 1m. was given, and with one repetition in 2 months cured. A patient had short hacking, paroxysmal cough, very annoying and persistent. It was accompanied by a thin mucous coryza. *Aco.* game immediate relief. Among the *peculiar sensations and symptoms* of *Aco.* are: "As if the (free part of) head were nailed up (in warm room)." "Swaying to and fro in the brain." "As if the brain were rolling loosely in the skull." "As of a board upon forehead." "As if a ball were mounting from umbilical region into the head and spreading a coolness over it." "As if the brain would shoot out of the eye." "As if something were drawn out of the head whereby the upper eyelids were drawn upward." "As if the brain were agitated with boiling water." "As if the hair were standing on end." "As if a pitch cap were on vertex." "Crepitation in temple, nose and forehead." "As if a worm crept into the ear." "As if a drop of hot water in l. ear." "As if an angular, many-pointed body stuck in throat." "As if seeds of dry-rose in throat." "As if a stone in stomach." "As if hot water were poured into chest." "As if flesh separated in neck." "Casting in a circle from spine to abdomen" (suggests pains of renal colic). "Crawling pain as from beetles in chest and spine." "Sacrum as if hacked off." (*Arg. met.* has "sensation as if small of back had been knocked away.") "Pressive pain from sacrum up to nape." "As of head of femur crushed." "Tendo Achilles feels shortened." "As of a tight band on thigh, round ankles." Some *modalities* are: < by stooping; rising from seat; moving; getting into bed; rising from lying down; treading; walking; after lying; after sleep; lying on r. side; touch; warm room (cough); music; eating (food = distress); sinking. Eye symptoms: < moving the eyes; < in the air. There is extreme sensitiveness to cold air or draughts, though some symptoms are > in open air. The sensations of *Aco.* to cold, cold air, draught, cold winds render *Aco.* one of the leading remedies for common colds in the head. Taken in the early stage it frequently dissipates all symptoms. It has also a large sphere in influenza, though *Bapt.* more accurately fits the typical influenza symptoms, and *inflammation* has largely taken the place of both. But there are cases in which nothing but *Aco.* will suffice. I happened to see a patient, a young business lady, in an attack of acute angina pectoris immediately after she was seized. She had a pleurisy upon her, and it suddenly attacked the breast. There was intense pain completely arresting the breathing, the lips were purple and the patient cold, apparently dying. I immediately gave *Aco.* The spasm relaxed so that she was able to take breath, very short at first but generally more full, and in a few minutes was out of danger. But it was many months before the heart actually recovered. In acute critical conditions of many kinds *Aco.* is a veritable life-saver. The joints are affected by *Aco.* which marks it out for many cases of rheumatic fever. The lips, knees, elbows and wrists are affected. There is weakness and laxity of ligaments of all the joints. Drawing, tearing pains predominate. There is also painless cracking in all joints, esp. knees. Another locality of *Aco.* pains is the root of the nose.

RELATIONS.—*Compare:* Compressive headache, Se. a. Green stools, Ag. n., Mag. c. Cough, drowsy sleep; cough < lying down, must sit up, *Ars.* < night, Ars. (Ars. after midnight; Aco, rather before). Sensitiveness, < by touch, Ars. Talkes in sleep, Ars. Plethora (Ars. false plethora; debility). Paralysis of cord, Ars., Pb. Sweats on covered feet (Ther., sweat on uncovered feet). Fixed ideas, Ther. Sweat of part lain on, Bell., Chi., Nit. ac. Sour sweat, Merc. Rheumatic symptoms, Merc.

CAUSATION.—Suppressed sweat. Menses suppressed by fright.

VAGINAL CÆSAREAN SECTION.*

BY C. B. KINYON, M. D., ANN ARBOR, MICH.

TO me it seems unaccountable that the medical profession as a whole, especially the authors of the different text books of this country and England, either ignore this subject altogether or merely mention it. Indeed some men go so far as to speak against it. The French authors and writers are more favorably inclined toward it. The Germans as a whole favor it very strongly.

To show the changes in regard to this operation in Germany we need but mention the change in the mind of Dr. Viet. In 1902 he wrote quite vigorously against it, but he, like most Germans, had an open mind and investigated the matter. In the three following years he performed the operation 33 times with but one death. This is a remarkable record when we consider the many serious conditions in which it is indicated and for which it is performed.

As a matter of fact this operation really marks an era in the practice of the surgery of obstetrics.

CONTRA-INDICATIONS.

Too small bony canal is the only absolute contro-indication at full term. Some authorities also put in cases where the head is firmly wedged in the pelvis as a contra-indication, but I have performed it in just such cases with success.

CHIEF INDICATIONS IN ORDER OF IMPORTANCE.

Eclampsia, accidental hæmorrhage, long cervix not dilated and very rigid os and great fatigue with threatened exhaustion. Most writers and teachers who favor this operation prefer to wait

*Read before the Detroit Practitioners' Club.

for convulsions before operating But this is not good practice, because convulsions are serious for both mother and child. Frequently the second one will kill the child, and eight or ten hard ones are sure to be fatal to the child. Then, again, if the doctor is present and watchful he can foretell the attack by the rate and character of the pulse. If he is in doubt he can soon settle the matter by taking the blood pressure. It is always high and may be 200 or more for days before convulsions set in.

There are also the head and eye symptoms. Do not depend upon the presence of albumen, for often it is not to be found until after convulsions set in, and then it may be very abundant.

Not all cases of rigid os call for this operation, as there may be no special need of haste, but watch the case and if fatigue bids fair to set in or symptoms of toxæmia develop, something must be done. In such cases it is not best to take time to dilate the cervix or os with the fingers or with instruments. Manipulation always increases the convulsions. Bossi's savage dilator should never be used under any circumstances, as it does great harm by injury to the parts. In fact, any method that tears the parts is to be avoided, as a tear is far more serious than a clean cut. The bruised and injured tissues of the canal are in the best possible condition to absorb all poisons that come in contact with them, while the clean cut is repaired so that no poisons are absorbed. But really the great advantage of the operation comes from warding off all fatigue. Fatigue causes fever, and fever causes the germs of disease to develop rapidly.

This is the ideal treatment for accidental hæmorrhage that is so serious as to need rapid delivery.

One point I wish to emphasize is this: If one is to perform the classical Cæsarean section there should be no infection. If there is infection the results are very bad, as a rule, in fact, often fatal.

While the vaginal operation can be safely performed, and if there is infection present, drainage can be used and recovery is the rule, unless the eclampsia is so serious as to prove fatal.

Some writers are so very sanguine regarding this operation that they advise its performance, with pubiotomy, in cases of very small pelves, but this is not good unless the parturient canal is infected as a result of trying to deliver with the forceps or some other cause. Then the combined operation is preferable to abdominal section. As all the operating is extra peritoneal.

The Operation.

When the operation is decided upon it should only be undertaken by one with considerable experience in vaginal surgery. There should be a good man for the ether and two assistants. The patient is placed on a table in the lithotomy position and the parts made absolutely clean.

The operator seizes the anterior lip firmly and makes a transverse incision in the anterior vaginal wall close to cervix and peels the bladder back up to, but not through the vesical peritoneal fold. If this does not give room enough an incision in the vaginal wall in the median line, well up to the urethra, is made. This gives plenty of room to separate the bladder from the lower uterine segment without injury. He then grasps the cervix on each side and draws the cervix well down and with scissors cuts in the median line up to and through the internal os. No bleeding results; the cut is in the center. In fact, the membranes will now prolapse down into the vagina. With his fingers the operator notes how much the lower segment is dilated and if the head is not engaged, and the lower segment is well open he can pass his hand up and grasp a foot and bring it down.

If the vagina is too small he can readily make more room by an incision through the levator and muscle on the side where the occiput is situated. The vagina must be large enough to admit the hand and its removal when closed. If the lower segment will not now readily admit the hand so as to perform version, the posterior lip can be incised up to the cul-de-sac peritoneum when there will be plenty of room to perform version. Of course, if the head is engaged or is presenting so that forceps can easily and quickly be applied, it is best to use them. But do not manipulate them much, as the manipulation is what tears the uterus or bladder and possibly separates the bladder, while version does not do this if properly performed. In these cases it will be best to give a dose of properly prepared ergot, hypodermically, as soon as the child is born, as the operator can clean out the uterus and sew it up before the ergot acts.

In these cases, even if both cervical lips and vagina are cut, the child is delivered in from five to seven minutes, and the uterus and vagina repaired and the patient returned to bed in twenty minutes or less, and, as a rule, with no shock at all.

This is not true of even the simplest case of abdominal Cæsarean section. Some care and skill is necessary to properly sew up the uterus and vagina. Use No. 3 iodized catgut for the uterine wall, and No. 2 for the vaginal walls. The cervix must be well pulled down so that the operator can be sure that the first, or upper stitch is properly placed. The needle should include the whole wall even the mucous membrane. Some say do not include the mucous membrane, but its inclusion does no harm, and it is very difficult to sew the wall and not include it. The stitches are interrupted and placed close together. The longitudinal and transverse incisions in the anterior vaginal wall are closed and then the posterior incision if one was made.

This operation does away with the older one of multiple cervical incision, and is far more satis-

factory. It can be performed in any properly prepared room, but a hospital is better, although by no means necessary. I have done it in private homes and had only one doctor for the ether and one to assist me. All obstetric bags should contain leg holders, and with them one assistant answers all purposes. In all cases I apply my iodine compound and give vaginal douche daily, and follow each douche with the iodine compound. Always insist upon the proper application of the occlusion pads after each dressing and as often as soiled. If there is infection at the time of the operation drainage in the vaginal incision is best, and this is to be replaced daily until the parts are healthy, probably five to ten days.

Some writers mention obstruction from tumors as a condition calling for this operation, but I do not think it is often indicated in such cases, but rather the abdominal operation unless the canal is infected.

In this, as in all operations, it is well to consider the after effects as regards normal function. Many speak of this operation as interfering with subsequent labors. The facts do not sustain this. Of the seven cases that I have had two have since given birth to healthy children with no trouble whatever. There has been over one hundred cases reported where the women have given birth to one or more children after the operation with no complications at all. It stands to reason that with a clean cut properly repaired and kept free from infection during convalescence there will be very little contraction or scar tissue to cause trouble at subsequent labor.

Indeed it is emphatically true that there is nowhere near as much scar tissue after this operation, properly performed, as there is after a case of difficult labor, where the cervix, the vaginal canal and the pelvic floor are badly torn, bruised and infected, with extensive sloughing and the resulting deep scar tissue.

Neither is there as much danger of serious trouble during the puerperium and of invalidism being engrafted upon the woman. This is really a very important point, for it is true that over forty per cent. of the American born women date their more or less permanent ill health from their first confinement, and of this class ninety per cent. are caused by injury or infection or both, and the other ten per cent. are due to overexertion and its results.

This very naturally leads us to the consideration of my next point. I fully appreciate the fact that I am blazing a new path in saying what I do in regard to the advantage of this operation in cases where fatigue is threatened rather than allow the woman to continue in labor until the fatigue leads to exhaustion. But as our forefathers fought, bled and died on Bunker Hill for our liberty, we each of us have a perfect right to express our opinion.

Many times the patient will continue in labor for hours with little or no progress. Of course, if the os does not dilate the physician would naturally do something to help the dilation, but I have in mind two other conditions. The pains may be very hard, in fact, may even threaten uterine rupture or they may lead to uterine "retractility," inertia in other words.

This latter is indeed a very serious condition. How much better it would be for both the mother and the child for the doctor to perform vaginal Cæsarean section than to have either exhaustion, rupture or "retractility" develop. A little careful consideration will convince anyone that a properly performed vaginal Cæsarean section is far preferable to an exhausting labor with the whole parturient canal bruised, torn and infected. It is often true that prolonged pressure of the child's head will cause extensive sloughs that destroy the normal shape and size of the canal and may and do frequently lead to fistulæ (recto- or vesico-vaginal).

If this operation is skilfully performed, at the proper time, it will prevent a large percentage of the puerperal morbidity.

It will enable the mother to nurse the child, thereby improving its changes of proper development. This is a very big subject, but time forbids its further elaboration.

One other condition is possible wherein this operation is advisable and must be done very rapidly, viz.: In cases where the woman is dying this operation will often save the child, while in waiting for her death, to perform abdominal section, the child will probably be dead, too. In Catholic families this means a great deal.

Before reporting typical cases allow me to make a general statement regarding this operation, and this can bedone best by following the classification of Wenckel in the latest edition of his Hand Book. He tells in that book that vaginal Cæsarean section is not proprely called "accouchement force," but he speaks of it in a chapter headed, "Extraction of the child through an artificial opening." This is no more an accouchement force than the classical Cæsarean section or the Porro operation.

By the correct performance of vaginal Cæsarean section all dangerous tension or distension of the lower segment if the uterus is removed and the child is easily and promptly delivered. This is true even in those cases of supra-vaginal elongation of the cervix. Always bear in mind the fact that the lower uterine segment must be fully dilated and then there will be no deep tearing of the parturient canal or injury to the bladder or rectum.

My first case was in 1908. Miss J., aged nineteen, primapara. When I first saw her she was seven months pregnant and threatened with eclampsia. There was no albumen in the urine, but it did contain marked traces of the purin bodies. Acetone and indican very abundant, only 300 c.c. in 24 hours, specific gravity 1030.

She had the suggestive headache and the typical eye symptoms, no fever, but pulse was 120 Blood pressure over 200. Cervix was very long and hard and not dilated or dilatable. As we could not increase the flow of urine, after 24 hours' vigorous effort, and all the symptoms were increasing, we decided to operate. It required a long anterior incision and a vaginal incision (right side). The child was promptly delivered alive, but only lived five hours, as it was so filled with toxins.

For three days, following the delivery, the mother's urine was loaded with albumen, but Mercurius corrosivus and Arsenicum soon cleared this up, and she made a very prompt recovery, and is perfectly well to-day.

Case 2.—Mrs. C., aged 36, five months pregnant. When I reached her bedside the following history was given by her doctor and her husband: She was really too sick to talk or think. Urine almost solid with albumen. She had a very severe attack of nephritis two years before. Upon a careful examination we decided that the child was dead and that she was threatened with eclampsia. Therefore, operation was decided upon. She was taken to the hospital (75 miles), and I operated the next day. The anterior lip was very long, and she had old, deep cervical lacerations. There was marked cystocele. As we succeeded in delivering the dead child with no resulting shock to be noticed, we took the time to amputate the long anterior lip and performed anterior colporrhaphy to cure the cystocele. All this was done and the patient put to bed in less than half an hour. The parts healed very promptly and there was very little trouble from the operation, but there was some delay in healing that was due to an infected miscarriage about fifteen months before, having caused endometritis, and this produced infection. She returned to her home in one month, but the nephritis does not as yet yield to treatment. I doubt whether she will live many months. But I am sure no other means of delivery was possible without causing a sudden fatal result.

Case 3.—Miss H., aged 29, primipara. When I was called she had been in labor 48 hours; canal infected. Os admitted one finger, but it was very thick and rigid. Woman was completely exhausted. Uterus firmly "retracted." Her condition was very desperate, indeed, and I operated at once. This was completed in twenty minutes. Podalic version was performed, but the child was dead, as the bag of water had drained away twleve hours before. Complete and prompt recovery. No other operation could have been performed with such good results, and I might add, that the death of the child was due to the "waters" being lost and the uterine retractility cut off the blood supply to the placenta and from the child.

I now wish to speak briefly of two cases that died because I did not perform this operation.

One was a young woman who had syphilis, but I did not know this until after the operation of abdominal Cæsarean section was performed. She had also had repeated vaginal examinations that I did not know of, and the vaginal and specific infection combined led to peritonitis and death on the fifth day. The vaginal operation would have been much better, as by it there would not have been no peritonitis or the shock, and her chances of recovery would have been good. In this case I operated because of the "pregnancy kidney."

The other case was a very sad one, indeed. She was in perfect health. When I saw her, 36 hours after labor had set in, and 24 hours after the rupture of the sac and resulting loss of "liquor amnii," the uterus was firmly contracted; in fact, "retractility" was already present, and the child was in the transverse position. Therefore, it must be turned. Version was absolutely indicated. The os was only slightly dilated and very firm. The uterus being "retracted," we saw at once that any from of version (cephalic or podalic) would necessarily be very difficult and dangerous. In fact, very liable to cause rupture of the uterus. I, therefore, earnestly advised Cæsarean section, but to this the husband would not consent. I now am very sorry that I did not speak of the vaginal operation, for to this I think he would have consented, as the opening of the abdomen was too much for him. Of course, it is universally true that no matter what one does in the performance of his duty as he sees it, if the result is not what is desired, he will wish some other way had been followed.

There is one thing certain in such cases, viz., when one looks upon a young, strong, healthy woman cold in death with her large perfectly developed dead baby by her side, and both taken without warning, he cannot but feel that human skill is of little avail.

As our hands were tied we did the only possible thing. We put the woman under ether and turned, cephalic version, and delivered the child with forceps. But the head being very large it took time, and the child was born dead, and the mother so badly injured and shocked that she did not rally and died within an hour.

As I had feared there was a very serious injury of the lower uterine segment. In fact, there was a partial rupture, the tear extending into the broad ligament. I had just taken the stitches in this tear when she collapsed, and, in spite of our best efforts, she died within an hour. Had we been permitted to perform the abdominal operation the child would have had every chance to live, and the mother would have had at least four out of five chances. While with the vaginal operation the child had the same chances and the mother nine out of ten chances.

Did time permit I would gladly go more into detail, but I trust I have said enough to call your attention to the many advantages of this opera-

tion and give you some idea of its wonderful possibilities in the prevention of human suffering and the saving of human life.

Ann Arbor, April 20, 1914.

HOMŒOPATHY IN ALLOPATHIC TEXT BOOKS.

BY G. W. COFFMAN, M. D., ST. LOUIS, MO.

IT is rather surprising to look through some of the late text books of the so-called regular school of medicine and note the great amount of homœopathic principles and doctrines that are being incorporated into their system without giving any credit as to its origin. The authors of these text books frankly admit the truth of some of the principles, and confess that they have been relegated to the scrap heap of disuse simply because the great mass of the rank and file of their profession are so afraid of the bogy name "irregular" that they will not have anything to do with a truth that savors of Homœopathy.

My investigations have been made principally with Potter's "Materia Medica, Pharmacy and Therapeutics." This text book is regarded as standard by the profession, and is taught in a great many of the best allopathic medical colleges of this country. The author does not hesitate to brand Homœopathy as a fraud and call it a vicious form of charlatanism, but at the same time deplores the fact that the regular profession do not accept and practice more of the truths of Homœopathy. "Oh, consistency, thou art a jewel!"

Quoting from this text book, page 19, the author says: "Rational therapeutics means the use of remedies for reasons, based on a knowledge of the pathological conditions present in the subject and physiological action of the agent employed. . . . Hahnemannism in the 19th century originated in an effort to find a more rational system of administering medicines than the prevailing empiricism of the day."

He then makes the claim that Albrecht Von Haller announces the doctrine that "Drug proving is the only true basis of drug using," forty years before Hahnemann incorporated it as one of the main pillars in the edifice of Homœopathy, and says that "in the course of construction this pillar became so hidden beneath a super-structure of palpable absurdities that the medical profession, in its anxiety to steer clear of the whole mass, almost forgot the corner-stone of truth appropriated from one of its own greatest teachers."

He further says: "What hitherto has been the conviction of but a few is daily growing into a fixed canon of professional belief, that physiological experimentation with drugs must be the basis of their therapeutic employment, and that all real advance towards the establishment of therapeutics as a science must be made on the lines laid down by Haller, namely, drug proving upon the healthy human organism."

It seems almost incredible that Dr. Potter would have us believe that he is wholly ignorant of the stupendous work along this line that has been achieved by Hahnemann, Hering, Lippe, Stapf, and dozens of other eminent investigators for the past one hundred years or more.

Quoting further: "The dosage of medicines is the weakest part of the therapeutic armament, the flaw in our weapons which may be the cause of their failure at any moment, perhaps the most critical one for a life. If the accumulated rubbish of ages which has been called therapeutic knowledge is ever to be given scientific shape, or placed in the process of becoming a science, the question of dosage must form one of the principal corner-stones in the foundation. Drugs have widely differing actions on the human organism in health and in disease, according as they are administered in different doses, in different menstrua, and during different conditions of the subject's health. This difference when, between extremes of dosage, is often so wide as to separate actions directly contrary to each other, the action of the very large dose opposing the action of the very small dose; a truth hidden by one set of dogmatists under their former doctrine (now rule) of 'similars,' and avoided by the great mass of the medical profession through dread of the bogy name 'irregular.'"

The author here acknowledges a truth which lies at the very foundation of our law of similars, but which truth has not been accepted by a great many of the members of our school, *i. e.*, the fact that very small doses of a medicine will excite an action in the organism of a subject which is directly contrary to the action of a very large dose of the same medicine on the same organism, and by means of this fact we are enabled to give a scientific explanation of the action of the homœopathic remedy. Dr. Potter further gives the homœopathic profession the credit of making the fight to secure the legal right to dispense their own medicines, but says they made the fight for an unworthy motive; that is, that they might conceal the fact that they were fraudulently giving strong alkaloidal drugs in the form of little pellets to deceive their patients into the belief that they were being treated homœopathically. But he contends that it would be much better for the profession if all doctors dispensed their own medicine, and says that the only reason they do not do so is the fear that they might be classed with the charlatans.

The following quotations from this book are a few instances in which Dr. Potter gives very plain directions for the use of drugs in the treatment of diseases according to the law of similars. He advises the use of remedies whose primary actions will produce symptoms which are similar to the symptoms of the disease to be treated, and

recommends that these remedies be given in very small doses to cure these diseases. *Aloes.* "It is said to have frequently produced hæmorrhoids, which, if existing, it will aggravate."

It is curative in certain forms of hæmorrhoids, especially those occurring after delivery and where the condition is not one of active pelvic congestion. It must be avoided in irritable rectum, hæmorrhoids of active form, menorrhagia and pregnancy unless given in small doses and with care.

Argentum nitricum. "In small doses it stimulates the heart, promotes nutrition, and acts as a nerve tonic. In large doses it produces violent gastro-enteritis, corrosion and ulceration of the gastro-intestinal mucous membrane. Burning pain is felt in the throat and stomach, followed by nausea, vomiting and often by purging.

"It is employed in persistent vomiting, in chronic gastric catarrh, in hematemesis and in gastric ulcer. It has often proved of value in chronic inflammation of the large and small intestines, especially where there was ulceration of the intestinal mucous membrane."

Arsenic. "In small doses it is a stomachic and general tonic, promoting the appetite and digestion, increasing the cardiac action and the intestinal secretions.

"In full medicinal doses continued for some time, it causes itching and œdema of the eyelids, ptyalism, nausea and vomiting, diarrhœa and dysentery, epigastric pain and soreness, feeble and irritable heart, dyspnœa, disordered sensibility, herpes zoster, urticaria, eczema and other skin eruptions, jaundice and albuminuria.

"It is of special value in irritations, dyspepsia, gastralgia, pyrosis, gastric ulcer or cancer, regurgitation of food without nausea, diarrhœa coming on immediately after taking food, vomiting of drunkards and alcoholism. In chronic scaly and papular skin diseases its value is very great."

Belladonna. "The brain is congested by Belladonna, headache, vertigo, busy delirium and hallucination being produced.

"In cerebral and spinal hyperæmia, congestive headaches, encephalitis, meningitis and myelitis, it proves one of the very best remedies."

Bryonia. "Bryonia has a specific determination to serous and synovial membranes, especially the pleura, and is also irritant to the muscular fibre and to the bronchial mucous membranes, causing dry, continuous, shaking cough with soreness behind the sternum.

"Bryonia is a most valuable drug in the second stage of serous inflammation after Aconite has reduced the apyrexia, especially in pleurisy, pleuro-pneumonia and pericarditis to limit the extent of the effusion and to promote its absorption. For this purpose small doses frequently repeated are required. Also in rheumatic fever, after swelling of the joints has been reduced by other means, Bryonia is extremely efficient for the pains and stiffness. Pains of a shooting or tearing character, increased by motion are often quickly relieved by this drug. It is one of the best remedies for a 'cold on the chest' with dry shaking cough or shooting pains."

Cantharis. "A toxic dose of Cantharis produces severe gastro-enteritis, abdominal tenderness, tenesmus, mucous or bloody stools, pain in the stomach and lungs, dysphagia, ptyalism, stranguary, priapism, hæmaturia, swollen genitals, abortion, muscular tremor, convulsions, coma and insensibility.

"As an internal remedy Cantharis must be employed in very small doses (mj-miij) in order to be efficient. When so used it is an admirable agent in acute desquamative nephritis, after the active inflammation and fever have subsided, to reduce the albumin and blood in the urine. Drop doses are particularly useful in irritable bladder with frequent desire to urinate so often observed in women, also in the incontinence of the aged and in children, and in cystitis, gonorrhœa and gleet."

Cinchona. "In large doses (ʒii) the powdered bark has produced flatulence and eructations, and in many well authenticated instances it has apparently caused a well marked febrile paroxysm, beginning with a chill, then fever and headache, which gradually subsided with slight perspiration. So also quinine, while incapable of producing intermittent fever in a healthy person, may, if taken in large doses unnecessarily, throw the nervous system into high commotion, and if untimely used by a malarial subject may produce the paroxysm with greater or less severity." Quinine is a specific in intermittents.

Ipecac. "Ipecac in small doses (gr. ⅛-gr. ¼) acts as a stomachic and hepatic tonic and increases the gastric secretions. Large doses (gr. x-gr. xx) are nauseant and emetic in from 20 minutes to a half hour. In poisonous doses it has frequently produced hæmoptysis and other hæmorrhages.

"In small doses (mj of the wine) frequently repeated, it is an efficient anti-emetic in vomiting of a nervous origin, and especially in vomiting of pregnancy. Also in gastric atony, as seen in chronic alcoholism.

"It is an excellent remedy in hæmoptysis if given in small and frequently repeated doses until nausea occurs."

Mercury. "Dr. Ringer said in his earlier edition of his Hand Book of Therapeutics, the phenomena produced by mercury are singularly similar to those which will result from syphilis and the serious symptoms known as secondary and tertiary syphilis can be produced both by syphilis and mercury.

"Mercury is undoubtedly a specific in syphilis, but it is not applicable to the tertiary form of that disease. It is best administered in very small doses, carefully watched and stopped just

short of ptyalism, but renewed and so continued for a long time."

Podophyllum. "It is a tonic astringent and resin bearing purgative similar to that of jalap, but slower like calomel, taking 6 to 10 hours to produce its cathartic effect. It increases the intestinal secretions and the flow of bile, causing watery stools with considerable griping pain and some nausea.

"It is recommended in very small doses for prolapsus of the rectum, remittent fever of children, dyspepsia, hepatic derangement, bilious vomiting and headache, and in the vomiting and diarrhœa of gastro-enteritis."

Rhus toxicodendron. "The action of this plant when locally applied is that of a cutaneous irritant causing redness and swelling of the affected parts with a vesicular and intolerable itching, which may spread rapidly over the surface of the body and extend to the mucous membranes, producing conjunctivitis, redness and tumefaction of the mouth and throat, thirst, cough, nausea and vomiting, vertigo and stupefaction. Colicky pains are experienced in the abdomen, are worse at night and are aggravated by food and drink. Diarrhœa may occur with tenesmus and bloody stools, also diuresis, bloody urine and even complete retention. Fever with delirium is frequently present, and may be typhoid in character or intermittent with profuse perspiration. Pains of a rheumatic type are experienced throughout the body, but particularly in the joints and lumbar region, apparently intensified by rest and heat. The fibrous structures are evidently the seat of its selective action, and a sensation of numbness in the lower extremities is frequently experienced.

"Among the regular authorities it meets with very little favor as a remedial agent, but Phillips recommendes it strongly in rheumatic affections of the fibrous tissues, erythema and erysipelas, eczema, herpes zoster and pemphigus. Piffard corroborates these opinions of its therapeutic value, and states that when rheumatic pains are worse at night prompt relief may be expected of Rhus. It is admitted by many observers to be a useful remedy in paralytic affections of the lower extremities, depending on a rheumatic diathesis or resulting from exposure from cold and wet."

Tartar emetic. "In small doses Tartar emetic stimulates secretions in the bronchial and salivary glands, the stomach, intestinal canal, liver and pancreas.

"In still smaller doses (gr. 1/100 hourly) it is a particularly efficient remedy in catarrhal inflammations of the respiratory mucous membranes in children accompanied by rattling breathing and much mucus, which is expelled with difficulty."

The above extracts read like first rate homœopathic indications for the use of remedies in the treatment of disease, and show very clearly the trend of recent regular medical literature towards Homœopathy.*

PREPEUTIAL ADHESIONS IN LITTLE GIRLS.

BY J. A. BURNETT, M. D., HARTSHORNE, OKLA.

NOT long ago I put the following on my professional card and letter heads: "Special Attention to General Chronic diseases and Diseases of Children." My object for doing this was because I prefer to treat and study these classes of diseases. A physician knows the most of what he studies the most. Dr. E. H. Pratt says: "A little girl baby, six months of age, was suffering from marasmus, accompanied by thrush and cholera infantum.

The little thing wasted away until it was little more than a living skeleton. Its family physician had done everything in his power to stay the progress of the disease, but his efforts were fruitless. He could select no drug that seemed to do it the slightest good and what food was poured into the child was rejected so promptly that the poor thing, all efforts to the contrary, was literally starving to death. Aphthous patches completely covered its mouth and face, and its little lips were dry and parched. Finally death seemed very near. A slight convulsion alarmed the parents and the nearest doctor they could find was called in in the absence of the family physician. The doctor summoned chanced to be familiar with the principles of orificial surgery, and, not knowing what else to do, made a local examination of the pudenda. To his surprise he found the hood of the clitoris very much swollen and inflamed and completely adherent, confining considerable smegma. The margin of the anus was also excoriated.

"Taking the probe from his pocket case he loosened the hood of the clitoris from its attachments and cleared away the smegma. No blood was drawn and the child was so nearly gone as to pay little heed to what was going on. After loosening the clitoris the doctor inserted his little fingers of both hands into the anus back to back and gave the rectum as much dilatation as he thought the case would bear, without rupturing the sphincter. Without changing the medicine, but instructing the parents to simply follow the directions of the family physician in other respects, he brought his visit to a close. Remarkable to relate, the child immediately began to change for the better. It slept peacefully most of the night, being the first restful sleep it had known for many weeks.

"It began at once to retain nourishment and inside of forty-eight hours all semblance of thrush was gone and its little digestive organs were per-

*Dr. Potter was a homœopathic graduate and became a renegade to Homœopathy because of pique. He carried some of his Homœopathy into Allopathy, but never acknowledged its genesis.—EDITOR.

forming their proper functions. The mother had been instructed to dress the hood of the clitoris daily, so as to prevent a return of the adhesions, and the instructions were carefully followed out. A rapid recovery followed and the child is now some years old, hence the hope and pride of the family.

"This is but one instance, but it illustrates innumerable others in which sickness and death have baffled tht doctors and where a little timely attention to the hood of the clitoris would have steadily restored the entire organism to harmony."

The above quotation well illustrates the importance of looking after preputial adhesions in little girls and of the value it may be in the cure of diseases. In my opinion, this subject deserves more attention from most physicians.

I was once talking with a physician on this subject and he told me he never examined a girl for this condition in his life. This was a subject that had escaped his attention completely. It is reasonable to suppose that in the treatment of diseases we should find the cause if we can and, of course, it is reasonable to suppose that if the cause can be found, to remove it would be the treatment. Convulsions caused by preputial adhesions in girls or boys can be prevented by giving enough Potassium bromide and keeping them under the physiological effect of this drug, but it is poor practice, as it does not remove the cause and as soon as it is left off the convulsions will usually return, sooner or later.

Circumcision in such cases would remove the cause and cure the case.

As I devote special attention to general chronic diseases and diseases of children my attention must, of course, bt attracted to circumcision. It is a well-known fact that circumcision is most important during childhood, but when it has been neglected it is needed in many cases of chronic diseases of adults. Any one interested in general chronic diseases and diseases will be forced to be interested in circumcision of children and adults of both sexes, as by this operation, in addition to other needed treatment, we are able to benefit or cure many cases that could not be by other methods.

CORRESPONDENCE.

EXCHANGE CONSULTATION.

Editor MEDICAL CENTURY:

For some time I have been thinking it would be a good thing if you would run a page or two of exchange consultations like *Medical World and Council*. It would benefit the CENTURY as well as the correspondents. Lot of the cases would be bad, but it interests the subscribers and would be a great help to those that are far from consultation. *E. g.*, there is only one homœopathic doctor within hundreds of miles from me, and he is at Nashville, sixty miles away. Things happen that are not readily found in text-books, and the doctor is up in the air. If you have ever been there you know what a responsibility it is. If you had such a page I'd tell you of a case just finished. I'd like a name for it. Young lady, 23, taken with chilliness and fever. Not much indication of anything. In two days noticed right tonsil red and enlarged. Not much difficulty in swallowing. Did not call attention to throat; but I always examine throats anyway. In a day after that the gums got red and sore, and continuous membrane formed on outer side of both gums all around. *Pearl white*, ⅛ to ¼ in. wide, adherent, gums bleed on touching them. Membrane raised 1/32 of inch. In two or three days alveolar abscess formed over molars on lower left jaw. Glands of left neck swollen much. Opened abscesses internally. In two weeks about well. Intended to examine, but did not, as this sickness came on about third day of menstruation. There was much pytalism after gums became sore. Used Echinacea continuously every three hours in day. Merc. sol. seemed to help gums most. Pixcresol as mouth wash gave much relief.

Whad'ye call it?

[I would say mercury poisoning, possibly due to douching with bichloride tablets, or, at least, some form of self-doctoring on the allopathic plan.—ED.]

Had case of follicular tonsilitis. Young lady, 19, right tonsil. After three days it was relieved but neuralgia back of left ear commenced. Then otitis media and mastoiditis. Went nearly five weeks when I opened abscess over mastoid. It did not show pus until day before I opened it, and I did not care to project around guessing by opening the mastoid bone. There was considerable swelling in front of ear before opening back of ear. Numbness of left side of face; neuralgia throughout left trigeminus nerve, etc. Rather tough time.

I never had case of mastoid trouble come without ear being affected first, but this jumped from tonsil to mastoid, then to ear. Echinacea and Capsicum were best remedies. Arsenicum 30 relieved the neuralgia often in five minutes, allowing sleep.

Saw a case of suppuration of both eyeballs with scarlet fever. Both balls suppurated away. Very little trouble with ears or throat after first few days. I never saw a case of eyeballs being so affected before. But this was not my case. I saw it afterwards.

This is rambling, but it indicates what I meant that numerous singular cases escape notice because there is no convenient medium of communication.

It might interest some that eating a few crackers or a biscuit and drinking buttermilk (*good* buttermilk made like mother used to make) with

Pulsatilla every morning will cure 99 per cent. of the cases of hyperchloridia and duodenal ulcer.

There are so many things that could be mentioned favoring the consultation department that it might be well to consider it.

Yours for Homœopathy,

C. G. Wilson.

BOOK REVIEWS.

Radium and Radiotherapy. Radium, Thorium and Other Radio-Active Elements in Medicine and Surgery. By William S. Newcomet, M. D., Professor of Roentgenology and Radiology, Temple University, Medical Department; Physician to the American Oncologic Hospital; Fellow of the College of Physicians, Philadelphia. 12mo, 315 pages, with 71 illustrations and 1 plate. Cloth, $2.25, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

The extraordinary element radium has been thoroughly investigated, and its powers and properties are now becoming known. Like other potent agents, it can do great good or great harm, according to the intellience or ignorance with which it is used. Dr. Newcomet is a leading authority on radium, and the whole field of radio-active substances. In this small volume of absorbing interest he first conveys a knowledge of what radium actually is, its nature, its physics and its chemistry, and in the second half of his book he details its use in all the diseases in which it has been found of value, and gives full directions for its application. His chapters on cancer and other tumors will be read with special interest. Simple illustrations are used to make clear any point, and typical cases are introduced in proof of the practical value of this newest and most powerful addition to the armamentarium.

Modern Medicine. Its Theory and Practice. In original contributions by American and foreign authors. Edited by Sir William Osler, Bart, M. D., F. R. S., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in Johns Hopkins University, Baltimore; formerly Professor of Clinical Medicine in the University of Pennsylvania, Philadedphia, and in McGill University, Montreal; and Thomas McCrae, M. D., Professor of Medicine in the Jefferson Medical College, Philadelphia; Fellow of the Royal College of Physicians, London; formerly Associate Professor of Medicine in Johns Hopkins University, Baltimore. In five octavo volumes of about 1,000 pages each, illustrated. Volume III. Diseases of the Digestive System—Diseases of the Urinary System. Just ready. Price, per volume, cloth, $5.00, net; half morocco, $7.00, net. Lea & Bebiger, Publishers, Philadelphia and New York, 1914.

This is a volume of intense interest to the general practitioner, for it places before him the latest views of the best authorities on the kind of cases that he sees almost daily. The volume is divided into two parts, of which the first is devoted to Diseases of the Digestive System. The chapters on Diseases of the Mouth, by Riesman; of the Stomach, by Friedenwald; of the Intestines, by Stengel; of the Pancreas, by Opie, and of the Peritoneum, by Rolleston, are worthy of special attention. Part II. covers diseases of the Urinary System. Its chapters on the Kidney, by McCrae; on Uræmia, by Garrod; on Nephritis, by Herrick; on Tuberculosis, by Brown, and on Genito-Urinary Diagnosis and Diseases of the Prostate, by Young, will be of inestimable value to both physicians and surgeons. In its twenty-one chapters this book contains an enormous amount of practical and very helpful information.

Diseases of the Rectum and Colon and Their Surgical Tteatment. By Jerome M. Lynch, M. D., Professor of Rectal and Intestinal Surgery, New York Polyclinic; attending Surgeon, Cornell Dispensary; Fellow of the American Proctologic Society, New York Gastro-Enterological Society, etc. Octavo, 583 pages, with 228 engravings and 9 colored plates. Cloth, $5.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1914.

Lynch on Diseases of the Rectum and Colon will undoubtedly take its place as the leading work on this subject in the English language. Its text is excellent throughout, and presents much that is new and useful. The systematic arrangement and the use of heavy type for center and side headings make it easy to find any subject quickly. Its numerous illustrations are unusually large and clear, and are evidently the work of an artist of rare ability. The volume has a sumptuous appearance, which is in keeping with the high literary standard of the work. The author has addressed his book particularly to those who have not attained well-rounded experience in rectal and colonic surgery, and, as the needs of each reader are different, in order to cover them all, he has embraced the entire field, and has discussed the subject in full detail. He has endeavored to prepare the reader in advance to meet those many things which, though apparently trifling, are generally left to his resourcefulness, and may either make or mar an operation. The book also includes the preparation of the patient, the after-treatment, complications that may occur and how to handle them. It also gives cautionary advice as to mishaps to be avoided. In short, it is a literary and pictorial presentation of the best modern technique, and will be of great value to both the practitioner and specialist.

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THE INSTITUTE MEETING.

THERE were many good things at the Institute meeting outside of the regular program of papers, nearly all of which were of a very high scientific order, and which will appear in our periodicals throughout the coming year.

The address of President Wilcox, while somewhat "personal," was an excellent document.

The treasurer made the best report of his lifetime. He made all departments show excellent balances. The excellent work of the chairman of the Finance Committee, Dr. A. B. Norton, who also managed the exhibits and turned into the treasury over $2,000, was everywhere commented on.

The Council on Medical Education made a fine report, showing that good work can be done if a sufficient tenure of office be granted to a committee and sufficient power be granted it. The Council has not cost the Institute a cent since it was permitted to provide its own funds, namely, since the meeting in Pittsburgh in 1912. Since that time the director of the Propagandistic Fund, as it is called, has secured pledges amounting to over $10,000 and nearly $4,000 in cash, and the work is still going on.

The amendments to the By-Laws introduced at Denver by the chief disgruntlement of the Institute, now an ex-member, which were aimed at the Council, went down to unanimous defeat, even the weak and piping objection of an associate did not prevail.

The Journal Committee made a good report. Taking from the old dues of $5.00 two dollars per member and allowing this to appear as the "earning capacity" of the *Journal*, the inflation of the income by some $5,000, which is perhaps good financing (though we never considered the transactions as having an earning capacity), is considered better than to howl bankruptcy. The query comes to us, however, in view of the muse-sick efforts of a certain winged Pegasus, why it is if bankruptcy of the *Journal* was howled in 1909 when the treasurer reported $2,700 ("in an unguarded moment") in cash on hand and all debts paid, why it should not be howled at at present when every member has to stand an assessment for its maintenance?

The Drug Proving Committee held a meeting and voted to spend some of this money in continuing to prove Loco weed. This we advocated when the first provings were presented in the MEDICAL CENTURY.

THE PRESIDENT'S ADDRESS AT ATLANTIC CITY.

WE wish to call attention to the address of Dr. DeWitt G. Wilcox, President of the American Istitute of Homœopathy, delivered at Atlantic City, or at least to that part of it which has reference to membership in the American Medical Association. It reads as follows:

"After giving the subject the most careful consideration, I concluded that membership in the American Medical Association was not only useless and unnecessary, but it was prejudicial to the best interests of the Institute in particular, and Homœopathy in general, that the money paid this medico-political body was used in fighting our cause and might, if unchecked, hasten our death; that we could best fight our battles by being absolutely independent of any alliances with that body.

"I am convinced, as many of the members of the old school have become, that the American Medical Association is fast degenerating into a political machine bent on throttling everything which stood in its way for obtaining medical supremacy. It has made an unholy alliance with the Army and Navy medical departments, together they propose to own and control every medical college in this country, all the State, municipal and university hospitals, and get into their grasp all the examining and licensing boards in the United States.

"I am convinced that it is the intention of the political leaders in this big ring to throttle every homœopathic, every eclectic and every osteopathic

institution in this land. There are among the old school branch of the profession as bitter enemies to the action of the American Medical Association as are to be found amongst us. Therefore, I feel justified in urging every member of the Institute and every homœopathic physician in the United States, who is a member of the American Medical Association, to resign therefrom and give his time and interest to the Institute. If he is interested in the final triumph of Homœopathy, he cannot fail to see that his duty clearly lies in such a direction."

Doctor Wilcox then read a letter he had sent Dr. Frederick B. Green resigning from the American Medical Association on May 5th last. In the letter he declared that the "medical union," which has been suggested by that association, would never be effected.

"All this struggle is worth while," continued Doctor Wilcox. "I see an uprising on the part of 10,000 physicians in this country—physicians who have been half indifferent in their loyalty, yet, at the word 'surrender,' they leap to their feet at once. And the reason that we will not surrender is not because we have a personal interest at stake, for it might be to our perpetual advantage to surrender and practice quietly, with less sacrifice of time and money than at present. It is because there is a principle involved.

"The signs are everywhere about us that Homœopathy is coming into its own. It is for us to recognize that fact and seize the occasion for making sure the coming. Like all opportunities, it must be taken at the flood or it will be lost.

"So, if you ask me the limits of Homœopathy, either as to time, space or application, I should say that it is unlimited; it is good for the nations of the earth at all times, and for all the diseases that are amenable to drugs."

We are glad to know that Dr. Wilcox has come to a realization of the futility of affiliation with the American Medical Association in any shape, form or fashion. Those who do affiliate with that association under its present management will sooner or later get "stung." We are glad to add such a good man as Dr. Wilcox to our list of the "stung," which we started in a recent issue of the MEDICAL CENTURY. Dr. Wilcox's vision has been broadened immensely by his itinerary of last May. He doubtless found there were other communities that had a small hub and some wheels.

WHY SIDE TRACK OUR PUBLISHERS?

DR. J. C. WOOD, of Cleveland, in speaking of the desirability of explaining Homœopathy to the allopathic school, which he termed an "imperative necessity," advocated the issuing of a work for the purpose by an internal medicist and practical clinician. But he adds:

"Such a work, if published by some well known publishing house of the older school, would be the means of exciting the curiosity of the more liberal minded of that school, thereby bringing about a much better understanding between the two chief schools of medicine. It would likewise result in untold good to humanity."

Ever since 1835 there have been works published on Homœopathy by homœopathic publishers and written by homœopathic authors, by internal medicists, practical clinicians and the best men in our school of medicine. Dr. Wood himself has written the best work on gynæcology the school possesses, and it was published by a homœopathic publisher, and there have been able books published on homœopathic principles, but the doctor perhaps rightly infers that because these are published by homœopathic publishers they have not excited any special curiosity.

To us this seems puerile to think or to advocate that in order to get our principles accepted we must have them issued by old school publishers, or printed in allopathic periodicals. We have been exercising our rights as a school for over a hundred years. We have a very creditable literature, and "the more liberal minded" of the old school know it. They are buying our books to-day, and the mark of their liberal mindedness is shown by the fact that not only are they buying books issued by homœopathic publishing houses, but they are buying goods of homœopathic pharmacies, for we recently saw over 100 orders taken by a travelling salesman of a homœopathic pharmacy from allopathic physicians. All this is done in secret. No allopathic physician possesses the knowledge to practice Homœopathy, nor can he obtain it by reading a single book, nor by buying a few ounces of Bryonia and Lycopodium and "trying them" on some patients. Dr. McConkey in the prize essays said that to be a Homœopath one must be taught to think homœopathically. That some allopathic physicians have done this is well known, but none who did so ever remained allopathic.

Why should we go to old school publishers to

have our books issued? It is just as sensible to send our students to allopathic schools, to urge our men to join allopathic societies, to have our patients go to allopathic hospitals, or to go over body, soul and breeches to the allopathic camp and say to them: Here is what we have, it is not homœopathic any more, and it is, therefore, within your dignity as a "liberal" to accept it. Please take it. The sooner we arise to the fact that we can stand on our own bottom the better.

THE CALIFORNIA LAW, ITS ABSURDITIES.

THERE are three forms of certificates issued by the California Board of Medical Examiners:

1st. Physician's and surgeon's certificate.

2d. Drugless practitioner's certificate.

3d. Reciprocity certificate.

The clause relating to the reciprocity certificate is fearfully and wonderfully made. It provides that the Board "MUST ALSO" issue a physician's and surgeon's certificate to any applicant "without any examination" upon payment of $50 upon certain terms:

First. Applicant must have a certificate from some other state board of examiners "which must not have been issued prior to the first day of August, 1901."

Second. The requirements of the medical college upon which the certificate was issued must be the same as California had at that time or which may hereafter be required by law. (This means that the board may fix any requirements it pleases by its own interpreting of laws.)

Third. Evidence satisfactory to the board must be furnished, but it does not state what evidence would be satisfactory.

Fourth. "Further reasonable evidence as may be deemed necessary by the board" must be produced, but it does not say what will be deemed necessary, reasonable or acceptable.

Fifth. "Further examination and investigation" may be made on the board's own part to see if the certificate offered is equal to the laws of California, past, present and future.

Sixth. If applicant was licensed prior to August, 1901, then the entire pedigree of the license must be reviewed and satisfactory proofs to the board, which, of course, may demand anything it likes, must be produced of everything pertaining to the applicant. The board can by this act require a physician to give evidence as to how he treated a case of in-growing toenail while he was practicing in Chicago in 1890, or while he occupied the chair of surgery in Cleveland in 1896, for the clause says: Must furnish "such other information as to his past practice as may be required by the said board." Then when the board gets ready, for it says, "*Suiting the convenience of the board,*" it will give the applicant an examination, and if they please grant him, provided he has the $50.00, the physician and surgeon certificate, across which is written "Reciprocity Certificate." Is not this a dandy!

Seventh. Now, then, comes a clause like this: "Reciprocity certificates are *not* granted on any license granted on diploma or credential by any State or territory *since* August, 1901." All such must be examined.

Is not this a "regular" dose of polypharmic law? According to the information blank of the board:

To get a reciprocity certificate the candidate must present a certificate not issued *before* August 1, 1901.

If the candidate has a certificate issued *after* August 1, 1901, he cannot get a reciprocity certificate.

In other words, he must be examined any way, and everything is in the discretion of the board. The board becomes thus a judicial, juridicial, legislative and executive body, and there is no appeal from its findings.

The solution of all this is to go back to the three board plan, which worked so well for twenty years in California.

The heralded victory for liberal medicine in this State, owing to the riders inserted in the law, giving the board plenary powers, is a delusion and a farce.

THE OHIO UNIVERSITY HOMŒOPATHIC COLLEGE.

Our readers throughout the United States will be interested in the following:

BULLETIN NO, 1.

To the Members of the Homœopathic Profession of Ohio:

In order that you may know the exact status of the college question in Ohio; that you may know what is necessary to make the Homœopathic College of Ohio State University an absolute success, we are addressing this pamphlet to you.

To explain these propositions to you we will give you extracts from the minutes of the special

meeting of the Homœopathic Medical Society of Ohio held at Columbus on June 18, 1914.

This special meeting was called at the request of the trustees of Cleveland-Pulte Medical College after the trustees of Ohio State University had passed the following resolution:

"*Resolved*, That the Board of Trustees of the Ohio State University, pursuant to the resolution adopted January 27, 1914, now declare that the time has arrived for the establishment of a College of Homœopathic Medicine, and that the Board proceed to open the facilities for such instruction next September subject to the means available for such purposes."

After stating the object of the meeting, listening to the reading of the minutes of the trustees of Cleveland-Pulte Medical College in which they agreed to turn over to the trustees of Ohio State University their equity in Cleveland-Pulte Medical College and hearing the minutes of a special committee which met in Toledo and decided that the organization of the Homœopathic College of Ohio State University should be placed in the hands of the Council of Medical Education of the American Institute of Homœopathy with the co-operation of the President of the State Society, the President called upon Dr. W. B. Hinsdale to state the present status of the situation. The following are extracts from his remarks:

Dr. Hinsdale: I suppose you are wondering why I am here, but the explanation has been given you. I am a non-resident of the State, though a native of Ohio. I am a graduate of the Cleveland College, the perpetuity of which in some form or another I am intensely interested. I understand the reason why I was called into this question is this: I do not pretend to be a specialist in any separate line of medicine, but owing to excellent fortune or misfortune I have been associated with an institution somewhat similar to what you are proposing, and I rather apprehend that I am called as a consultant. Having been called in consultation I wish to deliver my opinion.

Considerable has been said by one person and another as to just what you are going to talk about at this meeting. Someone asked me what I would suggest. I said this must be a meeting for charging the apparatus and developing enthusiasm. No one will deny that for the last ten years the homœopathic branch of the medical profession has been somewhat lethargic. This condition is sometimes referred to as inactivity, or even stagnation. The time has come for a reaction, a revival, and I think I can indicate why.

Owing to different activities started among the people referred to as the old school doctors, there has been intense energy along what we call scientific lines, and in some localities I have seen men in our profession stand beside the road with their hands in their pockets and watch the train go by. Some are standing there yet. One of the things leading to this condition is the influence of the State Board of Medical Education and Registration.

Now is the auspicious occasion for the establishment here in connection with the Ohio State University of the best Homœopathic College in the world. I say that, gentlemen, with the full appreciation that I am now connected with the best Homœopathic College in the world. I could not be loyal to that institution without this claim. There are twelve or fifteen hundred live Homœopaths in the State of Ohio, and geopraphically you are situated in an ideal spot to build up an institution, with the alumni of the Cleveland-Pulte College scattered all over the country, ready to come to the rescue and resuscitation of the institution.

Now is the time for you to become an integral part of this university. Someone asked about the advisability of calling it the Homœopathic College. Most emphatically call it the Homœopathic College of the Ohio State University. Why call it a college? The Association of American Universities has a code, and according to that code the largest units in the universities are called either schools or colleges, and it would be contrary to the code to call it a Homœopathic Department. A department is a part of a college or school. In the Homœopathic College there will be a surgical department, a materia medica department, etc.

Since I have been in and around your city I have had no less than three conferences with the President of the University, and he says, "We are going to establish this College of the University, and the administration is going to give it an absolutely fair and square deal, just as it does any of the other parts of the University." He says further, that the success or failure depends absolutely upon the homœopathic profession of the State of Ohio. There, gentlemen, you have the last analysis. There is no question about its being a success provided you do your part, and the other members of the profession do theirs.

What is your part? In the first place, to send students and send them with enthusiasm. Undoubtedly the college in its new organization will be weak in many particulars, but there is a possibility of its growing into vigorous strength. One of its weaknesses will probably be inadequate hospital facilities, but the President says that he proposes to establish a hospital.

The question may come up, how to maintain the hospital? As inefficient as it may be in some respects, and far from being ideal as it may be in other respects, I think the hospital system of the State of Michigan is very good. The hospitals there are state institutions, and patients come from all over the State. You must not only send your students to this institution, but as the hospital facilities develop it will be your duty, gentlemen, to send your patients. It won't cost

you anything, and every man now and then has a patient who has no particular means. He may have enough to pay a hospital fee, but nothing for an operation. Bring your patients here, and you will soon find that there will be a demand for a larger hospital. That has been the experience in Ann Arbor, and Ann Arbor is a small town. This will not be a local institution. It will not be a Columbus institution, only so far as Columbus is a part of this big State. It is a hospital for the State. If you can once adjust your thought and activity to that idea, there is no question about building a hospital that in five years many of you will be glad to come to for a post-graduate course on account of the facilities furnished.

It is clear, then, that the burden rests not only on the State Society, but on every Homœopath in the State, and all the friends of Homœopathy.

Following Dr. Hinsdale, Dr. C. E. Sawyer presented the financial situation. Here are some of the more important points:

Dr. Sawyer: In a few words allow me to tell you what we have before us. Let me state first what we have to do with and then tell you of the things we have to do, and how necessary it is that we do them now. In the first place, we have, as Dr. Hinsdale has expressed it, the greatest opportunity ever presented to the homœopathic fraternity. We have presented to us greater privileges than we ever contemplated or anticipated. We presumed, of course, in considering this matter that it would be necessary for us to put up a specific amount of cash and to do a number of other things of that kind. We presumed we were going to be confined within certain limitations and restrictions. In fact, at the first meeting held by a number of the doctors of the State, we thought perhaps we were asking for a great deal more than we would get. It has finally resolved itself into this: we are going to get more than we ever thought of asking for in the preliminary steps taken to bring about a Homœopathic Medical College in the Ohio State University. We have the assurance, and so far as we have been able to discover, the unanimous assurance of the Board of Trustees and the president of the University that they will establish here the best college that can be made. The president has said to us that we can have everything in the way of material and instructors they have or can acquire. He feels, as we do, that the reputation of the Ohio State University is on trial, and the only hesitancy that has ever been experienced in the matter at all has been in regard to whether or not it could be made a go; whether or not we were enthusiastic enough, had spirit enough, determination enough as a fraternity to maintain a college. He has been convinced by the evidence produced that we are live, energetic, active, wide-awake, up-to-the-minute doctors. He is conscientious in his desire as are the entire Board of Trustees. They are full of the idea that one of the important things is to provide well for the students that will come from a body such as this. The Horticultural department of the University is moving into its new quarters, and we are to have our headquarters in the Law building, with prominent offices, good teaching rooms, a competent stenographer, and the promise of sufficient financial support to give us an experienced homœopathic dean. Dr. Thompson has also said that if necessary they would take all the lower class teaching out of any relationship with the old school that would disturb our students in any way. This, however, we have thought unnecessary. They have also said: "We are ready to secure for you a hospital. We do not care to have your students exposed to any dangers that may come from contact with fellows not in accord with homœopathic principles." It is impossible, of course, to produce a hospital at once, but it will be their earnest effort, desire and ambition to secure one at the earliest possible moment. Dr. Thompson has indicated the character of the men to do the underteaching, and he has tendered in every way every thing that could possibly be asked as necessary. He has given us the greatest opportunity we have ever had.

Up to the present we have gone so far as to all but definitely determine upon the curriculum, course of study, and much of the detailed working out of the plan. We have fixed everything quite as definitely as might be expected at this time to start the machine in active operation at a very early date.

Regarding the matter of present expense it is going to be necessary to have some actual cash to carry the college on for a year. According to a careful estimate by Dr. Hinsdale and President Thompson, it will require about $20,000 for the first year.

One of the questions that has always concerned us has been: Are the different members of the fraternity in different sections of the State favorable or agreeable to the carrying out of a college plan at Columbus? We wanted to know how Cincinnati and Cleveland felt toward the matter. Going to Cleveland we found there an equity in the Cleveland-Pulte property amounting to about $25,000.00. These gentlemen without equivocation said: "Fellows, this money shall go to you to promote the Homœopathic College as a part of the Ohio State University." We learned that the Cincinnati fellows had some money, which came into their possession from the sale of Pulte College, about $15,000 to $18,000 in cash. Without a thought expressed in opposition they said: "This money is yours."

Dr. Hinsdale asked the question: "How should we give our money and what use should it be put to?"

Dr. Thompson said: "Give this money with the understanding that it is to be used for the specific purposes of building a hospital and hold

that money until sufficient additional cash has been obtained from the State to carry your ideas into practical execution." We are going to have in the neighborhood of $40,000, which will come from Cleveland and Cincinnati, which we will turn over to Dr. Thompson, and ask him that out of the State fund there be appropriated by the next Legislature enough to make $150,000 for the purpose of building a Homœopathic Hospital on the campus. We should have a hospital to accommodate 100 patients to start with. It must be modern, up-to-date, and thoroughly equipped in every particular.

We have said to you that it is going to take $20,000 at the lowest possible estimate to carry the college work along for the first year. We anticipate that out of the students Cleveland will turn over to us, we will have an earning capacity of $5,000. We have been assured by President Thompson that this will go immediately toward the maintainance of this particular Homœopathic College. The Board of Trustees of the University will allow us $4,000 from their emergency fund. The Ohio State Society will give $500; the Council of Medical Education will give $500. This will make $10,000. Now we are going to ask you to help raise $10,000 to-day.

Is it going to be possible to raise $10,000 in Ohio? If not, we might just as well close this proposition up now. The question is before us.

We trust that these brief extracts will show you our present needs and that when the finance committee calls upon you, you will contribute liberally.

NOTE.—This bulletin is issued by the Special Finance Committee of the Homœopathic Medical Society of Ohio.

C. E. SAWYER, M. D., *Chairman*, Marion.
W. J. BLACKBURN, M. D., Dayton.
H. F. STAPLES, M. D., Cleveland.
LINCOLN PHILLIPS, M. D., Cincinnati.
W. B. CARPENTER, M. D., Columbia.
Committee.

The following is a list of subscription pledges made at special meeting, June 18, 1914:

James C. Wood, M. D., Cleveland	$500
G. J. Harding, M. D., Marion	100
C. E. Silbernagel, M. D., Columbus	100
T. G. Barnhill, M. D., Findlay	100
W. B. Carpenter, M. D., Columbus	100
H. E. Beebe, M. D., Sidney	100
H. H. Baxter, M. D., Cleveland	100
H. L. Wells, M. D., Cambridge	100
G. S. Salisbury, M. D., Cleveland	100
H. F. Staples, M. D., Cleveland	100
C. E. Sawyer, M. D., Marion	100
J. E. Studebaker, M. D., Springfield	50
J. A. Ferree, M. D., Dayton	50
G. W. Miller, M. D., Dayton	50
S. R. Geiser, M. D., Cincinnati	50
G. D. Arndt, M. D., Mt. Vernon	50
L. E. Siemon, M. D., Cleveland	50
C. F. Junkermann, M. D., Columbus	50
W. J. Blackburn, M. D., Dayton	50
C. E. Hetherington, M. D., Piqua	50
W. Webster Ensey, M. D., Dayton	25
Chas. L. Ireland, M. D., Columbus	25
J. M. Wine, M. D., Dayton	25
H. E. Palmer, M. D., Dayton	25
I. J. Herr, M. D., Dayton	25
Lincoln Phillips, M. D., Cincinnati	25
C. A. Schulze, M. D., Columbus	25
F. C. Rounds, M. D., Dayton	10
W. W. Dixon, M. D., Akron	25
H. W. Dickinson, M. D., Dayton	25
J. G. Keiser, M. D., Columbus	25
R. O. Keiser, M. D., Columbus	25
R. A. Buchanan, M. D., Lima	25
Clarke Sullivan, M. D., Dayton	25
Columbus Homœopathic Hospital Association, approximately	1,000

GENERAL INSTITUTE NEWS.

The officers elected for the ensuing year are the following:

Byron E. Miller, M. D., Portland, Ore., President.

Harris H. Baxter, M. D., Cleveland, O., First Vice-President.

Mary E. Mosher, M. D., Boston, Mass., Second Vice-President.

Joseph H. Cobb, M. D., Chicago; Walter E. Reily,, M. D., Fulton, Mo., and Charles E. Sawyer, M. D., Marion, O., Trustees for three years.

John B. Garrison, New York, Censor for five years.

The July *Institute Journal* gives 55 names as having changed addresses since November, 1913; this among membership alone. It is quite easy to see from this the great difficulty in keeping a correct list of our physicians. In the office of the Secretary of the Council on Medical Education is a card system which has approximately 12,000 verified addresses and some 2,000 of "unknowns." In order to keep the system anywhere near correct some thirty to fifty changes have to be made monthly. We are constantly finding "unknowns" and losing "knowns."

NEWS ITEMS.

ILLINOIS.

Dr. W. S. Gilbert, of Wheaton, has given up practice and is now devoting his energies to floriculture.

MICHIGAN.

The Regents of the University, at their meeting last month, voted an expenditure of several thousand dollars for improvements in the Homœopathic College. The Obstetrical Department is to be housed in a building de-

voted to its exclusive needs. The Training School for Nurses, which has been increased in size, will have a large twenty-eight room house added to its accommodations. A separate building is to be set aside for administrative purposes, in which will be the offices of the Dean, Secretary and Registrar. A splendid building is being put in condition for the clinical laboratory of the hospital; this building will contain a morgue and facilities for pathological work. New operating rooms and lecture rooms are to be added. Work has already been begun on these improvements and they will be ready by the opening of the University year, September 29th. Thus the facilities for the college the coming year will be materially improved over all former years.

OHIO.

We learn that Dr. H. C. Telford is about to move from Attica to Illinois. Dr. Telford was a very popular physician and had a large practice. We understand that Dr. Barton Olds has purchased the same. So Attica will not be without a homœopathic physician.

The following is a list of the faculty of the new College of Homœopahic Medicine of the State University:

Dr. Claude A. Burrett, Ann Arbor, Michigan. Ph. B. Syracuse University, M. D. Cleveland Homœopathic Medical College. General Sugrery and Clinical Surgery.

Dr. Albert E. Hinsdale, Bay City, Michigan. A. B. and M. D. University of Michigan. Materia Medica and Clinical Therapeutics.

Dr. Fred. B. Grosvenor, Cincinnati, Ohio. M. A. Ohio State, M. D. University of Michigan. Clinical Laboratory and pro tem Instructor in Theory and Practice..

Dr. William A. Humphrey, M. D., Toledo, Ohio. Diseases ow Women, Surgical Gynæcology and Obstetrics.

Dr. J. A. Ferree, M. D., Dayon, tOhio. Ophthalmology, Otology, Laryngology and Rhinology.

These gentlemen will remove to Columbus at the opening of the college year.

PENNSYLVANIA.

After four years of exacting and constructive work, as Dean of Hahnemann Medical College and Hospital of Philadelphia, Dr. Wm. B. Van Lennep tendered his resignation as Dean to the Faculty in June, and Dr. Wm. A. Pearson, Professor of Chemistry and Toxicology, was elected as his successor.

Dr. Van Lennep's resignation is a source of great regret to his many friends in the profession who recognized the fact that it is largely the result of his untiring efforts that the Hahnemann Medical College to-day holds its place among the foremost medical schools of America.

Probably the most important of Dr. Van Lennep's accomplishments have been the reconstruction of the curriculum and methods of teaching to conform with the latest modern ideas; the building of new laboratories for the teaching of pathology, physiology, pharmacology, etc.; the opening of a modern medical laboratory in connection with the college for the use of the students and physicians; the inauguration of a movement to raise a permanent endowment fund and the development of a policy of meeting frankly and fully all reasonable demands on the part of the medical educators and licensing boards that had as their object the improvement of medical education. Dr. Van Lennep will retain the Professorship of Surgery and will continue his teachings in that branch as heretofore.

The new Dean, Dr. Pearson, has been closely associated with Dr. Van Lennep in the active management of college affairs for several years and has been thoroughly trained in the work that will be required of him, as he is familiar with the problems that confront the institution, and this in conjunction with his energy and earnestness inspires all who know him with the belief that Old Hahnemann will go on to still greater progress under his leadership.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College, on Thursday, June 11, 1914, at 8:30 P. M. A special program had been prepared to consider the question of Alcohol from the standpiint of the medical profession, which consisted of the following papers being read:

"The Physiological Action of Alcohol on the Tissues and Functions of the Body and a Discussion of Its Value as a Food," Dr. W. A. Pearson, Professor of Chemistry and Toxicology, Hahnemann College.

"Alcohol and Its Relation to Disease of the Mental and Nervous System," Dr. Henry Klopp, Director of the Allentown State Homœopathic Hospital for the Insane.

An instructive discussion then took place and keen interest was shown at this meeting by a large number of members present. The annual election of officers took place, which resulted in the following:

President, Dr. Herbert P. Leopold; First Vice-President, Dr. Warren C. Mercer; Second Vice-President, Dr. W. D. Culin; Secretary, Dr. Wm. Sylvis; Treasurer, Dr. I. B. Gilbert; five trustees to serve three years, Dr. I. M. Howard, Dr. L. W. Thompson, Dr. T. J. Gramm, Dr. P. A. Tindall and Dr G. Harlan Wells; Censors, Dr. J. R. Mansfield, Dr. N. Hammond and Dr. Joseph Caley.

WM. M. SYLVIS, M. D., *Secretary.*

VERMONT.

Dr. George Royal, of Des Moines, Iowa, visited the editor of the MEDICAL CENTURY last month at his ancestral home. While there a visit was paid to Burlington, Vermont, and calls made on Drs. G. F. Forbes, of the State Board of Medical Examiners, and S. H. Sparhawk, of the Sparhawk Sanatroium. These two physicians do the homœopathic business of Burlington.

Dr. Frank C. Sanborn, of Middlebury, has been spending several weeks in New York City, recuperating from a heavy winter's work.

There are locations galore in Vermont for good homœopathic physicians. Many of the older and prominent men of the State have either died or retired on a competence..